

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/977874-

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4						
5						
6						
7				1		
8						
9				1		
10			1			
11				1		
12				1		
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48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			24			
TOTAL CLAIMS			29			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						